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FEB 12 2002

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HM22/1024

BARBARA E ARNDT

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I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Jacqueline M. O'Brien (Depositor's name)

Jacqueline M. O'Brien (Signature)

January 24, 2002 (Date)

| APPLICATION NO. | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED |
|---|-------------|--------------|-----------------------------|---------------|
| 09/371,648 | 08/10/99 | 020 | PARAS JR, P | 1632 10/24/01 |
| First Named Applicant: YANAGIMACHI, 35 USC 154(b) term ext. = 0 Days. | | | | |

TITLE OF INVENTION: MAMMALIAN TRANSGENESIS BY INTRACYTOPLASMIC SPERM INJECTION

| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEE DUE | DATE DUE |
|-------------------|----------------|-------------|-------------|----------------------|-----------------------------------|----------|
| 1 | 265036600070 | 800-018.000 | N97 UTILITY | YES NO | \$640.00 \$1,280.00 | 01/24/02 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Jones, Day, Reavis & Pogue

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE University of Hawaii

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Honolulu, Hawaii

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee \$1,280.00☒ Advance Order - # of Copies 10 \$30.00

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Barbara E. Arndt

Barbara E. Arndt

(Date)

1/24/2002

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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02/15/2002 HMMER 0000029 09371648

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02 FC:5611280.00 GP
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